AMERICAN MEDICAL ASSOCIATION

FIRST AID MANUAL

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DIRECTORY OF EMERGENCY TELEPHONE NUMBERS

PHYSICIAN: ______________________

NEAREST POISON CONTROL CENTER: ______________________

AMBULANCE SERVICE: ______________________

HOSPITAL: ______________________

FIRE: ______________________

POLICE:

First aid is the "immediate and temporary care given the victim of an accident or sudden illness until the services of a physician can be obtained."* The first objective is to save life:

Prevent heavy loss of blood.
Maintain breathing.
Prevent further injury.
Prevent shock.
Send for a physician.

The first aider must also:

Avoid panic.
Inspire confidence.
Do no more than necessary until professional help arrives.

Common sense and a few simple rules are the keys to effective first aid.

This booklet presents general recommendations of the American Medical Association for first aid. It supplements but does not replace instruction in first aid techniques. Every person should receive basic instruction in first aid if possible.

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* American National Red Cross: **First Aid Textbook** (4th ed.; Washington: Doubleday & Company, Inc., 1957).

Control heavy bleeding
Maintain breathing
Prevent shock

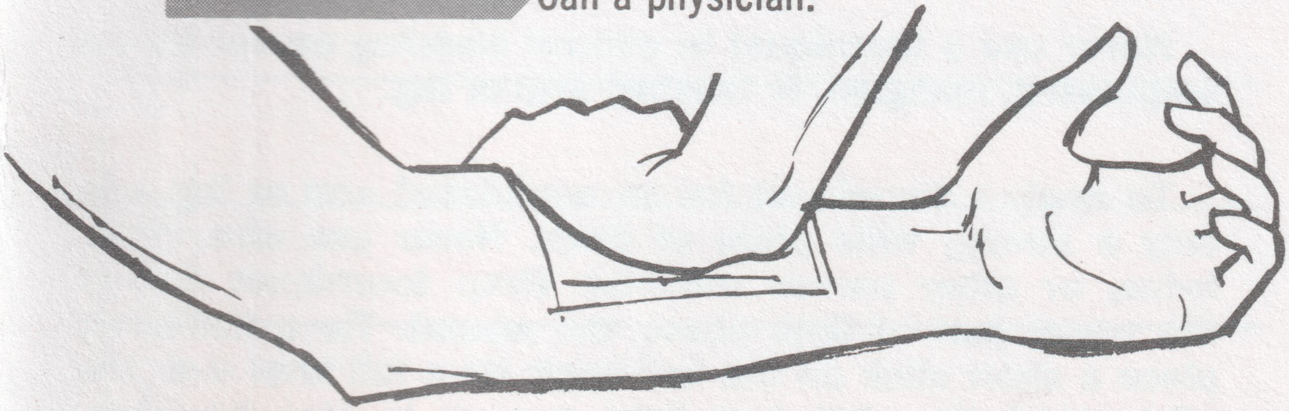
Heavy Bleeding

Heavy bleeding comes from wounds to one or more large blood vessels. Such loss of blood can kill the victim in 3 to 5 minutes.

DON'T WASTE TIME . . . USE PRESSURE DIRECTLY OVER THE WOUND.

do:

- Place pad—clean handkerchief, clean cloth, etc.—over the wound and press firmly with your hand or both hands. If you haven't a pad or bandage, close the wound with your hand or fingers.
- Apply pressure directly over the wound.
- Hold the pad firmly in place with a strong bandage—neckties, cloth strips, etc.
- Raise the bleeding part higher than the rest of the body unless bones are broken.
- Keep the victim lying down.
- Call a physician.



don't:

- Never use a tourniquet to control bleeding except for an amputated, mangled, or crushed arm or leg.

At this point you should look to the needs of other accident victims. Try to control bleeding and maintain breathing for as many of the victims as possible. Then, go back to the victim whose bleeding has been controlled and do the following:

do:

Keep the victim warm. Cover with blankets, coat, etc., and put something under him if he is on a cold or damp surface.

If the victim is conscious and can swallow, give him plenty of liquids to drink (water, tea, coffee).

don't:

Do not give the victim alcoholic drinks.

If the victim is unconscious or if abdominal injury is suspected, do not give him fluids.

See Special Wounds, p. 14 and 15 for specific considerations in abdominal and chest wounds.

CAUTION:

Never use a tourniquet to control bleeding except for an amputated, mangled, or crushed arm or leg.

To apply a tourniquet for an amputated arm or leg, use only a strong, wide piece of cloth. Never use wire, rope, twine, or other narrow material. Wrap tourniquet around the upper part of limb above the wound. Tie a half-knot; place a short stick on the half-knot; tie a full knot over the stick; twist the stick just tight enough to stop bleeding. Mark the letters "TK" and the time on the victim's forehead with crayon, pencil, soot, etc. Do not cover the tourniquet. Loosen the tourniquet for a few seconds every 15 minutes.

Maintain breathing

There is need for help in breathing when breathing movements stop or lips, tongue, and fingernails become blue. When in doubt, begin artificial respiration. No harm can result from its use and delay may cost the victim his life.

ARTIFICIAL RESPIRATION:

do:

- Start immediately. Seconds count.
- Check mouth and throat for obstructions.
- Place victim in position and begin artificial respiration.
- Maintain steady rhythm of 15 breaths per minute.
- Remain in position. After the victim revives, be ready to resume artificial respiration if necessary.
- Call a physician.

don't:

- Do not move the victim unless absolutely necessary to remove from danger.
- Do not wait or look for help.
- Do not stop to loosen clothing or warm the victim.
- Do not give up.

Directions for mouth-to-mouth breathing and the manual method of artificial respiration follow:

Manual Method of Artificial Respiration

The manual method of artificial respiration should be used if for any reason the mouth-to-mouth method cannot be used.

do:

Place victim in a face-up position.

Place something under victim's shoulders to raise them and allow the head to drop backward.

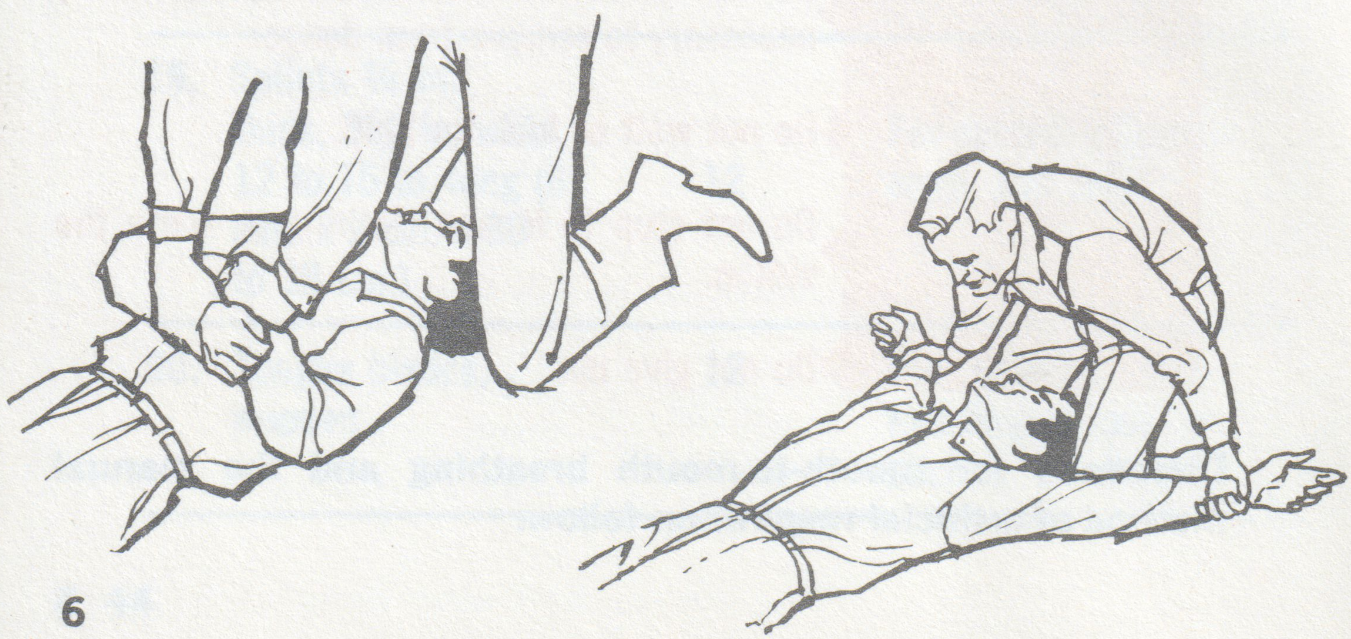
Kneel above victim's head, facing the victim.

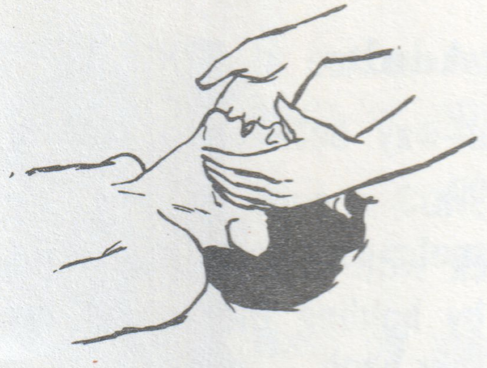
Grasp victim's arms at the wrists, crossing and pressing victim's wrists against the lower chest.

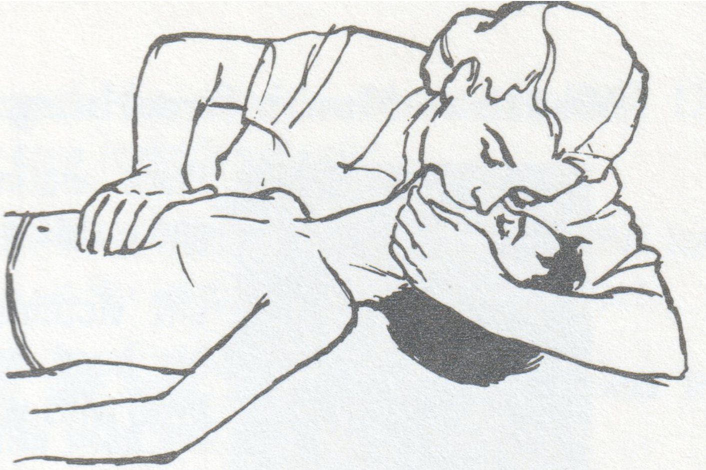
Immediately pull arms upward, outward, and backward as far as possible.

REPEAT 15 TIMES PER MINUTE.

If a second rescuer is present, he should hold the victim's head so that it tilts backward and the jaw juts forward.







Mouth-to-Mouth Breathing for Infants and Small Children

do:

Put child in a face-up position.

Tilt child's head backward.

Lift child's lower jaw with fingers of both hands so that it "juts out."

Keep child in this position so that the tongue will not fall back to block the air passage.

Take a deep breath and place your mouth over the child's MOUTH AND NOSE.

Blow your breath gently into the child's mouth and nose until you see the chest rise and you feel the lungs expand. The air you blow into the child's lungs has enough oxygen to save his life.

Remove your mouth and let the child exhale.

As soon as you hear the child breathe out, replace your mouth over his mouth and nose and repeat procedure.

REPEAT 15 TIMES PER MINUTE.

When possible, place your hand over the child's stomach. Use moderate pressure to keep the stomach from becoming inflated.

Mouth-to-Mouth Breathing for Adults

do:

Place victim half-way between a face-up and a side position.

Lift victim's neck with one hand and tilt his head back by holding the top of his head with your other hand.

Pull the victim's chin up with the hand that was lifting the neck so that the tongue does not fall back to block the air passage.

Take a deep breath and place your mouth over the victim's nose or mouth, making a leak-proof seal. See illustration.

Blow your breath into the victim's mouth or nose until you see the chest rise. The air you blow into the victim's lungs has enough oxygen to save his life.

Remove your mouth and let the victim exhale while you take another deep breath.

As soon as you hear the victim breathe out, replace your mouth over his mouth or nose and repeat procedure.

REPEAT 15 TIMES PER MINUTE.

Mouth-to-Nose Breathing: Make leak-proof seal by holding the victim's lips closed with your thumb. Be sure your lips do not close the victim's nostrils.

Mouth-to-Mouth Breathing: Seal your lips around the victim's mouth. Pinch his nostrils closed with your thumb and finger.

Advantages to Mouth-to-Mouth Breathing

1. The victim does not need to be placed on the ground or in any special position. Mouth-to-mouth breathing can be given when the victim is in water or in cramped surroundings.

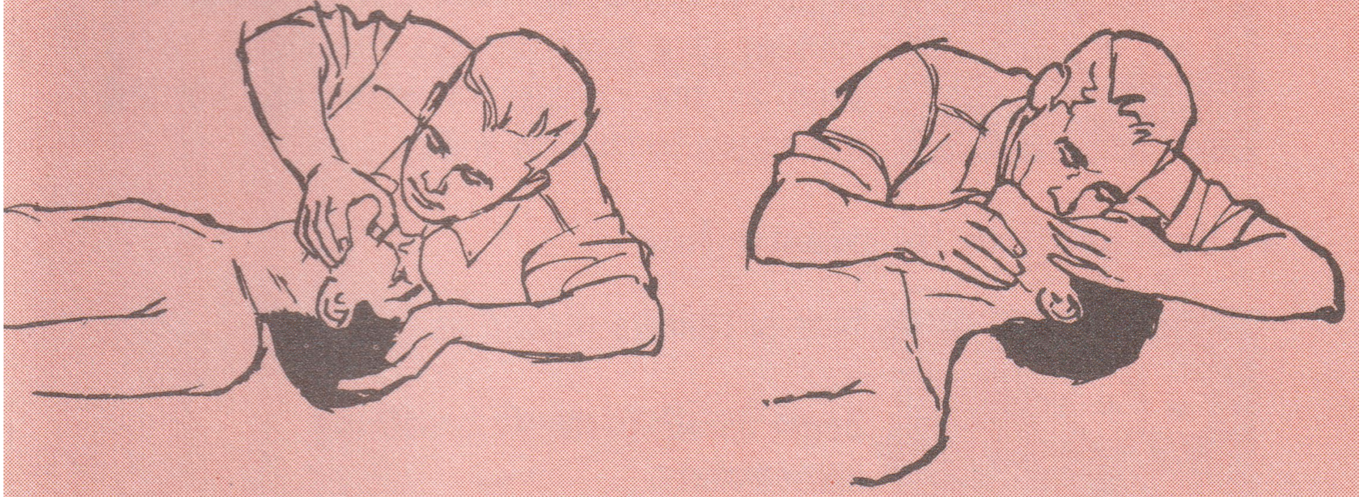
2. No special equipment is needed.

3. Rescuers can maintain mouth-to-mouth breathing for hours without fatigue, even when the victim is twice the size of the rescuer.

4. Hands are kept free to keep the head tilting backward and the jaw jutting forward. This prevents obstruction of the air passage, the most common cause of failure of any method of artificial respiration.

5. The rescuer can see, feel, and hear the effect of each lung inflation.

6. The rescuer can control the amount, rate, and pressure of air administered to the victim.



Breathing Stopped

A person who has stopped breathing will die if his breathing is not restored immediately.

THESE THINGS CAN STOP BREATHING:

- **Poisonous gases in the air or lack of oxygen**

do:

Move victim to fresh air.

Begin mouth-to-mouth breathing.

Control source of poisonous gases if possible.

Keep others away from the area.

don't:

Do not enter area without respiratory protection unless rescue can be accomplished during one holding of the breath.

Never enter the area alone.

- **Drowning**

do:

Begin mouth-to-mouth breathing as soon as possible. It can be started as soon as the rescuer in a boat reaches the victim or as soon as the rescuer in water has carried the victim to shallow water.

- **Suffocation by plastic bag**

do:

Tear or remove plastic bag.

Begin mouth-to-mouth breathing immediately.

• Electric Shock

don't:

Do not touch victim until he is separated from current.

Do not try to remove a person from an out-of-doors wire unless you have had special training for this type of rescue work. Or you can use a dry wooden pole or board to slam the wire away from the victim or to roll the victim off the wire.

do:

Throw switch to turn off current. Or use a dry board or stick to remove the contact from the victim.

Begin mouth-to-mouth breathing as soon as the victim is free of contact with current.

• Concussion resulting from explosions or blows to the head or abdomen

do:

Begin mouth-to-mouth breathing immediately.

• Poisoning: sedative or chemical

do:

Begin mouth-to-mouth breathing immediately.

• Constriction from cave-in

do:

Begin forceful mouth-to-mouth breathing while efforts are being made to free the upper body.

Prevent further cave-in.

• Choking: foreign bodies in the air passages

FOR AN INFANT:

do:

Hold baby by his ankles, letting the head hang straight down.

Open baby's mouth, pull tongue forward, let obstruction fall out.

Begin mouth-to-mouth breathing if infant still has difficulty breathing.

FOR SMALL CHILD:

do:

Hold child, head down, over your arm or leg.

Apply several sharp pats between the shoulder blades.

Clear his throat quickly with your fingers and pull the tongue forward.

Begin mouth-to-mouth breathing if child still has difficulty breathing.

FOR ADULT:

do:

Place adult on his side so that his head is lower than the trunk (or have victim lean over the back of a chair).

Apply a sharp blow between the shoulder blades.

Clear victim's throat quickly with your fingers and pull the tongue forward.

Begin mouth-to-mouth breathing if he still has difficulty breathing.

Shock

Shock usually accompanies severe injury or emotional upset. It may also follow infection, pain, disturbance of circulation from bleeding, stroke, heart attack, heat exhaustion, food or chemical poisoning, extensive burns, etc.

SIGNS OF SHOCK

Cold and clammy skin with beads of perspiration on the forehead and palms of hands.

Pale face.

Complaint by the victim of a chilled feeling, or even shaking chills.

Frequently, nausea or vomiting.

Shallow breathing.

SAVE LIFE BY PREVENTION OF SHOCK

do:

Correct cause of shock if possible (e.g., control bleeding).

Keep victim lying down.

Keep his airway open. If he vomits, turn his head to the side so that his neck is arched.

Elevate victim's legs if there are no broken bones. Keep his head lower than trunk of the body if possible.

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do:

Keep victim warm if weather is cold or damp.

Give fluids (water, tea, coffee, etc.) if the victim is able to swallow. The following formula can be used if available: 1 quart water, 1 teaspoon salt, ½ teaspoon baking soda (sodium bicarbonate).*

Reassure victim.

don't:

Never give alcoholic beverages.

Do not give fluids to unconscious or semi-conscious persons.

Do not give fluids if abdominal injury is suspected.

Prevention of shock should be considered with every injury and illness discussed in this booklet.

Special Wounds

• Gaping Abdominal Wounds

do:

Call a physician.

Follow the next steps ONLY if professional treatment is not available.

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* Metric conversion: 1 liter water, 5 grams salt, 2 grams sodium bicarbonate.

do:

Gently replace protruding organs.

Cover with a damp dressing.

Hold the dressing firmly in place with a bandage. The object is to control bleeding with a pressure dressing. The bandage should be firm but not tight.

- **Deep Chest Wounds**

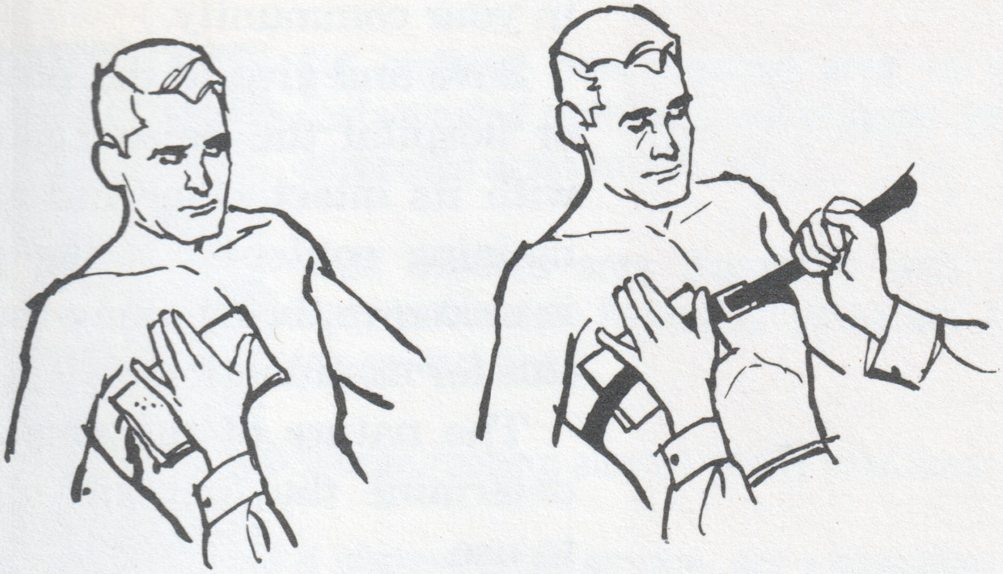
Prevent air from passing through the wound. The lung will collapse unless this is done.

do:

Place a gauze or cloth pad over the wound.

Hold the pad in place with firm pressure.

A belt drawn snugly around the chest should be effective in holding the wound closed. The band around the chest should not unduly restrict breathing.



Poisoning

WHEN TO SUSPECT POISONING:

Odor of poison on the breath.

Discoloration of lips and mouth.

Pain or burning sensation in throat.

Whenever bottles or packages of drugs or poisonous chemicals are found open in presence of children.

Evidence in mouth of eating wild berries or leaves.

Unconsciousness, confusion, or sudden illness when access to poisons is possible.

WHAT TO DO UNTIL YOUR PHYSICIAN COMES

Speed is essential. Act before the body has time to absorb the poison. If possible, one person should begin treatment while another calls a physician or poison center. (Know the poison center in your community.)

Save and give to the physician or hospital the poison container with its intact label and any remaining contents. If the poison is unknown, bring along the vomitus for examination.

The nature of the poison will determine the first aid measure to use.

• Swallowed Poisons

don't:

Do not induce vomiting if the victim is unconscious

. . . is in convulsions

. . . has symptoms of severe pain, burning sensation in mouth or throat, vomiting

. . . is known to have swallowed a petroleum product (kerosene, gasoline, lighter fluid), toilet bowl cleaner, rust remover, drain cleaner, acids for personal or household use, iodine, styptic pencil, washing soda, ammonia water, household bleach.

do:

Call a physician immediately.

Begin mouth-to-mouth breathing if victim has difficulty breathing.

Give water or milk.

If safe (see above), induce vomiting. Induce vomiting by placing your finger at the back of the victim's throat or by use of 2 tablespoons of salt in a glass of warm water.*

When retching and vomiting begin, place the victim face down with head lower than hips. This prevents vomitus from entering the lungs and causing further damage.

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* 30 grams salt in 200 cc. of warm water.

HOW TO PREVENT POISONING

Keep all drugs, poisonous substances, and household chemicals out of reach of children.

Do not leave discarded medicines where children or pets might get at them.

Do not store nonedible products on shelves used for storing food.

Never tell children you are giving them candy when you are actually giving them medicine.

Never give or take medicines in the dark.

Read labels before using chemical products.

Do not keep unneeded or unlabeled drugs and chemicals in the home.

Never re-use containers of chemical substances.

Do not transfer poisonous substances to unlabeled containers.

• Inhaled Poisons

do:

- Carry or drag victim (do not let him walk) to fresh air immediately.
- Apply artificial respiration if breathing has stopped or is irregular (see pp. 5-9).
- Call physician.
- Keep victim warm.
- Keep victim as quiet as possible.
- If the victim is having convulsions, keep him in bed in a semidark room. Avoid jarring or noise.

don't:

Never give alcohol in any form.

Do not become a victim yourself by exposure to same poison.

• Skin Contamination

do:

Drench skin with water (shower, hose, faucet).

Apply stream of water on skin while removing clothing.

Cleanse skin thoroughly with water. Speed in washing is most important in reducing extent of injury.

• Eye Contamination (Foreign Material in Eye)

do:

Immediately hold eyelids open and wash eyes with gentle stream of running water.

Delay of a few seconds greatly increases extent of injury.

Continue washing until physician comes.

don't:

Do not use boric acid or any other chemicals. They may increase the extent of injury.

• Snake, Scorpion, and Black Widow Spider Bites (Injected Poisons)

do:

Make the victim lie down as soon as possible.

Apply a constricting bandage around the arm or leg above the bite, if the bite is on an arm or leg. Use a strong, wide piece of cloth. Wrap the bandage around the limb and tie a half-knot; place a short stick on

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do:

the half-knot; tie a full knot over the stick; twist the stick. The pulse in blood vessels below the bandage should not disappear, nor should the bandage produce a throbbing sensation. Loosen the bandage for a few seconds every 15 minutes.

Apply an ice pack over the bite if possible.

Carry the victim to a physician or hospital.

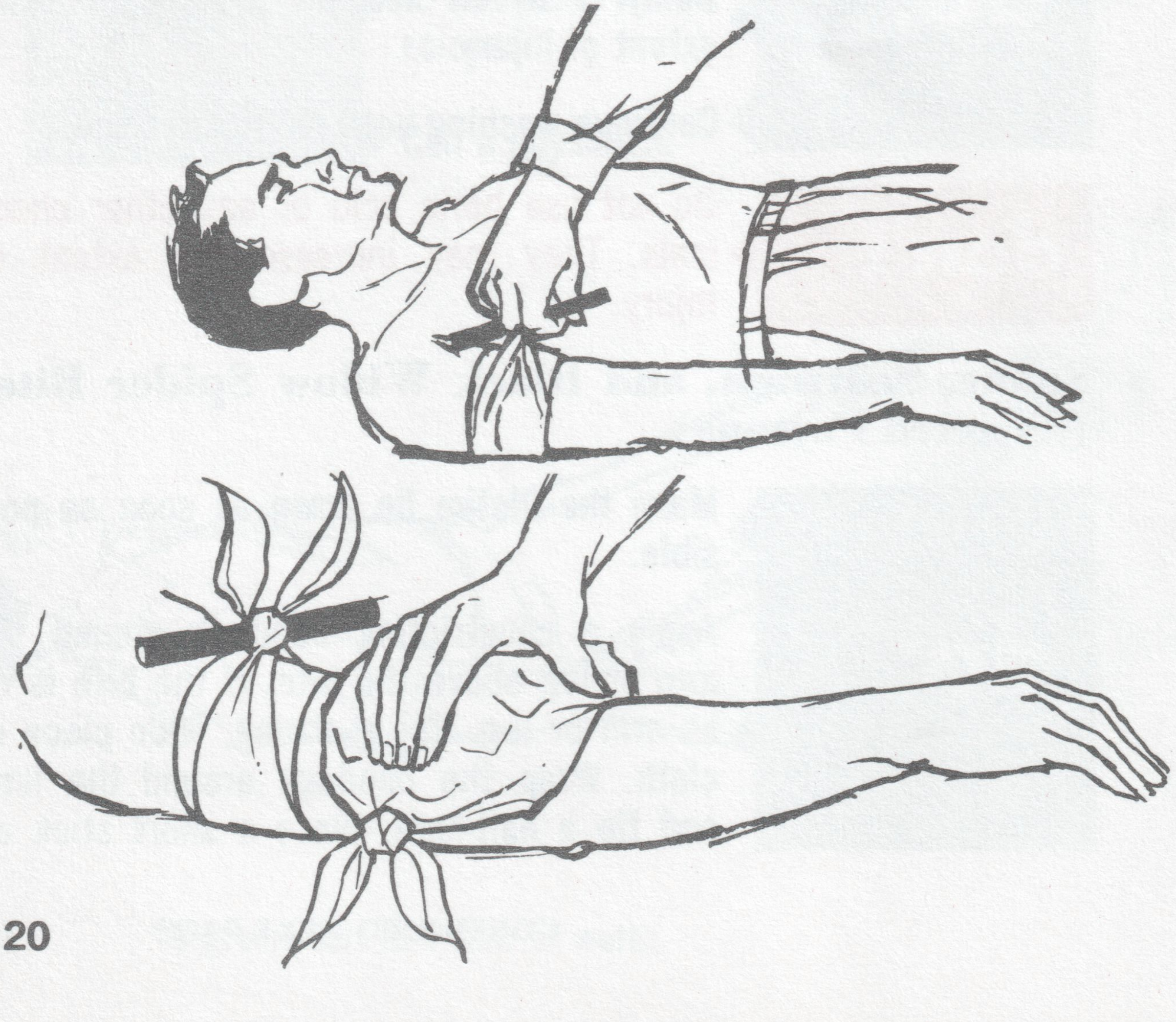
don't:

Do not let the victim walk.

Do not give alcohol in any form.

Do not use wire, rope, twine, or other narrow material for the bandage.

Do not cover the bandage.



Burns

Burns can result from heat (thermal burn) or from chemicals (chemical burn).

Every burn, even sunburn, can be complicated by shock, and the patient should be treated for shock.

Prevent shock . . . Prevent contamination . . . Control pain . . . These are the objectives of first aid care for burns.

The amount of the body burned is the guide for action. Even skilled physicians find it difficult to evaluate the depth of a burn immediately. But it is possible to estimate quickly the amount of body surface burned to determine action:

All of one leg	=18%
All of one arm and the head	=18%
Front of the trunk	=18%
Back of the trunk	=18%

A person with 25% of the body surface burned can develop "burn shock" and may die unless he receives immediate first aid.

In "burn shock" the liquid part of the blood is sent by the body into the burned areas. There may not be enough blood volume left to keep the brain, heart, and other organs functioning normally.

- **Extensive Thermal Burn**

do:

Place the cleanest available cloth material over all burned body areas to exclude air.

Have victim lie down.

Call physician. Keep victim lying down until physician comes.

CONTINUED NEXT PAGE

do:

Place victim's head and chest a little lower than the rest of the body. Raise the legs if possible.

If the victim is conscious and can swallow, give him plenty of nonalcoholic liquids to drink (water, tea, coffee, etc.).

• Small Thermal Burns

do:

Soak a sterile gauze pad or clean cloth in a baking soda solution: 2 tablespoons baking soda (sodium bicarbonate) to a quart of lukewarm water.*

Place pad over burn and bandage loosely.

Do not disturb or open blisters.

If skin is not broken, immerse burned part in clean, cold water or apply clean ice to relieve pain.

All burns, except where the skin is reddened in only a small area, should be seen by a physician or nurse.

• Chemical Burns

do:

Immediately flush with water. Speed in washing is most important in reducing the extent of injury.

Apply stream of water while removing clothing.

Place the cleanest available material over the burned area.

If the burned area is extensive, have the victim lie down. Keep him down until a physician comes. Place his head and chest

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* 24 to 30 grams sodium bicarbonate to 1 liter of lukewarm water.

do:

a little lower than the rest of the body (raise legs if possible). If he is conscious and can swallow, give him plenty of non-alcoholic liquids to drink.

All burns, except where the skin is reddened in only a small area, should be seen by a physician or nurse.

Burns from use of certain chemicals in technical areas require different first aid techniques. These techniques should be investigated by anyone working in such areas.

Head Injury

Consider anyone found unconscious to have a possible head injury.

do:

Call a physician immediately. Head injuries require prompt medical attention.

Keep victim lying down. It is better to keep him lying on his side so that his tongue does not fall back into the air passage, so that the airway can be drained of blood, vomitus, and/or other fluids. The neck should be hyperextended (arched).

Keep victim warm, if weather is cold or damp.

Control bleeding from a head wound by applying a pressure dressing (see p. 3). Use good common sense in regard to using pressure over a possible skull fracture.

CONTINUED NEXT PAGE

don't:

Do not move head or any part of the body if there is bleeding from the nose, mouth, or ears.

Unconsciousness

Consider anyone found unconscious to have a possible head injury and treat as described above. This is particularly true for the unconscious person who smells of liquor.

don't:

Do not move the victim unless absolutely necessary until professional help arrives.

Do not give victim anything by mouth.

do:

Look for emergency medical identification around the victim's neck or wrist that could suggest a cause for unconsciousness.

Call a physician.

Keep victim lying down and quiet if he regains consciousness.

Keep the victim warm if the weather is cold or damp.

Epileptic Seizure

An epileptic seizure is not a medical emergency. The seizure usually ends of itself after a few minutes. If the seizure should last longer than 15 minutes, call a physician.

don't:

Do not restrain.

Do not slap.

Do not douse with water.

Do not place a finger or hard object between the teeth.

do:

Remove objects that might injure patient.

Bone and Joint Injuries

- **Injury to Spine Or Neck**

don't:

Do not move victim or allow him to be moved until proper stretchers are available.

do:

A physician should supervise moving the victim if possible.

Call a physician immediately.

Keep victim warm and quiet.

Dispel crowds of onlookers.

Watch breathing and be prepared to start mouth-to-mouth breathing—but do not move the head.

- **Fractures**

First aid for broken bones should do no more than prevent further injury. There are two types of fractures:

Closed—the bone is broken but the skin has not been punctured.

CONTINUED NEXT PAGE

Open (Compound)—the skin is broken as well as the bone.

Fracture should be suspected if the part does not have a normal appearance or function.

don't:

Do not move the injured person until the suspected fracture site has been splinted unless the victim is in imminent danger.

FOR A CLOSED FRACTURE

do:

Call a physician.

Place the limb in as natural position as possible **without causing discomfort** to the victim.

Apply splints. Splints must be long enough to extend well beyond the joints above and below the fracture. Any firm material can be used: board, pole, metal rod, or even a thick magazine or thick folded newspaper.

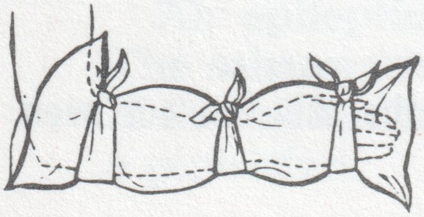
Use clothing or other soft material to pad splints to prevent skin injury. Fasten splints with bandage or cloth at a minimum of 3 sites:

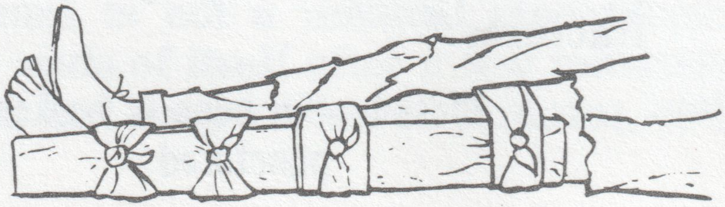
Below joint below break.

Above joint above break.

At level of break.

Broken bones in the hand or foot can be held steady with a pillow or blanket bound around it.





FOR AN OPEN FRACTURE

do:

- Apply a pressure dressing to control bleeding. Place pad—clean handkerchief, clean cloth, etc.—over the wound and press firmly with your hand or both hands. If you haven't a pad or bandage, close the wound with your hand or fingers. Apply pressure directly over the wound.
- Hold the pad firmly in place with a strong bandage—neckties, cloth strips, etc.
- Keep victim lying down.
- Call a physician.
- Apply splints as outlined in procedure for closed fractures without trying to straighten limb or return it to natural position.

DISLOCATIONS

Treat as closed fractures. Place arm in sling for shoulder dislocation. Be sure that the opposite shoulder supports the weight of the arm.

SPRAINS AND STRAINS

Care for the injury as a fracture if there is any doubt that the injury is a sprain or strain.

do:

- Place the injured part at rest.
- Elevate the part if possible.
- Apply **cold** compresses or ice packs for several hours.
- Consult a physician.

CONTINUED NEXT PAGE

don't:

Do not apply heat in any form for at least 24 hours. Heat would increase swelling and pain.

Cuts and Abrasions

In the home care of minor wounds, it is most important to prevent infection.

don't:

Never put mouth over a wound. The mouth harbors germs that could infect the wound. Do not breathe on wound.

Do not allow fingers, used handkerchiefs, or other soiled material to touch the wound.

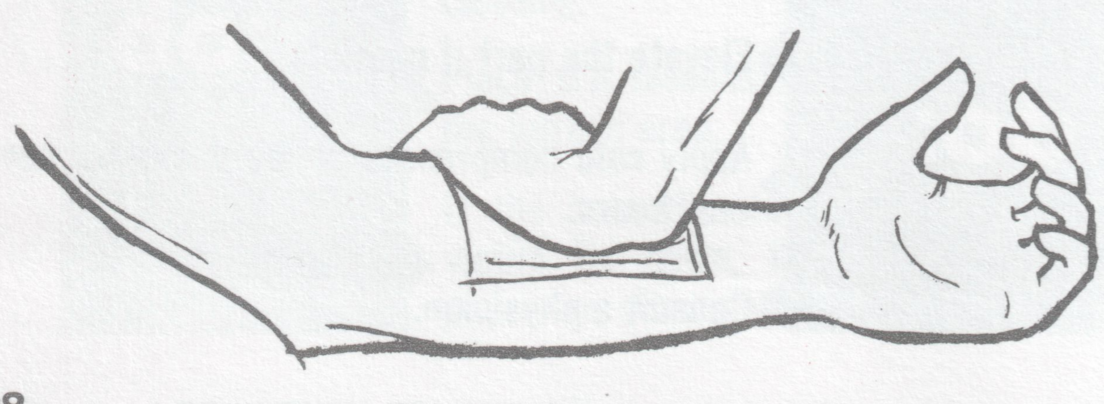
Do not use an antiseptic on the wound.

do:

Immediately cleanse wound and surrounding skin with soap and warm water.

Hold a sterile pad firmly over the wound until the bleeding stops. Then change pad, and bandage loosely with a triangular or roller bandage.

Replace sterile pad and bandage as necessary to keep them clean and dry.



WHEN TO SEE A PHYSICIAN:

1. *When there is spurting bleeding* (this is an emergency).
2. *When slow bleeding continues beyond 4 to 10 minutes.*
3. *If there is foreign material in the wound that does not wash out easily.*
4. *If the wound is a deep puncture wound.*
5. *If the wound is long or wide and may require stitches.*
6. *If a nerve or tendon may be cut (particularly in hand wounds).*
7. *If the wound is on the face or wherever a noticeable scar would be undesirable.*
8. *If the wound is of a type that cannot be completely cleansed.*
9. *If the wound has been in contact with unclean soil or manure.*
10. *If the wound is from a bite (animal or human).*
11. *At the first signs of infection (pain, reddened area around wound, swelling).*

Unexpected Reactions

HEAT EXHAUSTION

Symptoms:

- Pale and clammy skin.
- Pulse rapid and weak.
- Victim complains of weakness, headache, or nausea.
- Victim may have cramps in abdomen or limbs.

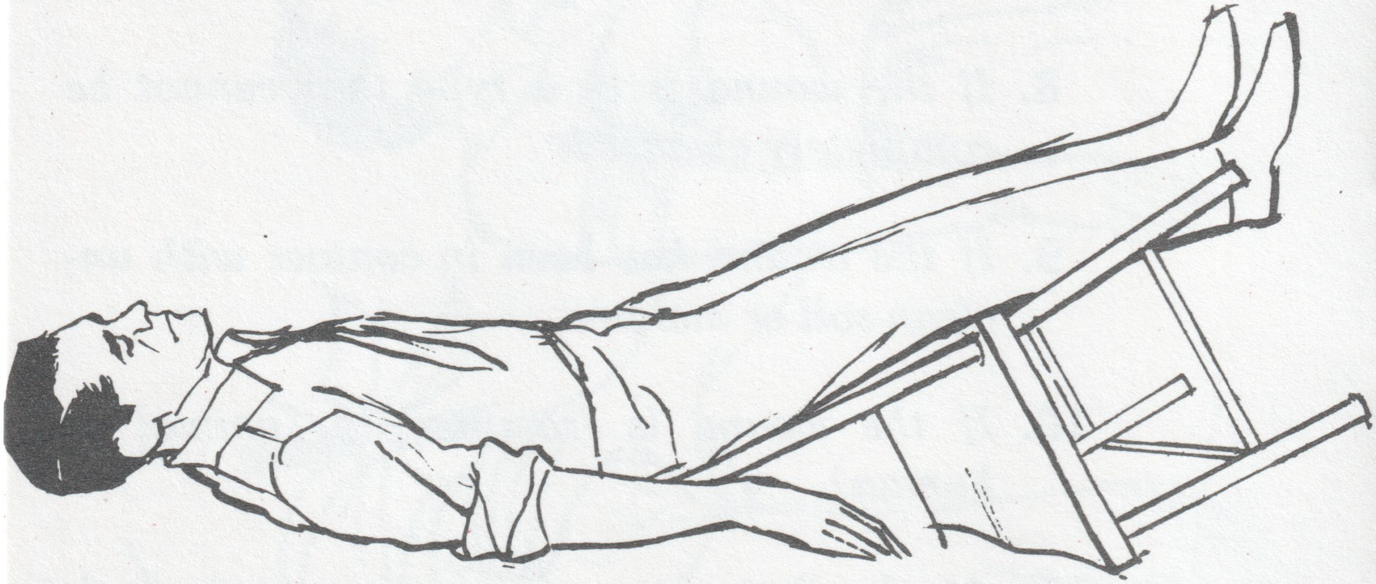
do:

Have victim lie down with his head level to or lower than his body.

Move victim to cool place, but protect him from chilling.

Give the victim salt water (1 teaspoon salt to 1 quart water)* to drink if he is conscious.

Call a physician.



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* 5 grams salt to 1 liter of water.

HEAT STROKE

Symptoms:

- Flushed and hot skin.
- Pulse rapid and strong.
- Victim often is unconscious.

do:

Call a physician.

Cool body by sponging it with cold water or by cold applications.

If the victim is fully conscious and can swallow, give him salt water (1 teaspoon salt to 1 quart water).*

don't

Do not give alcohol in any form.

FROSTBITE

Symptoms:

- Skin pink just before frostbite develops.
- Skin changes to white or greyish-yellow as frostbite develops.
- Initial pain, which quickly subsides.
- Victim feels cold and numb; he usually is not aware of frostbite.

do:

Cover the frostbitten part with a warm hand or woolen material. If fingers or hand are frostbitten, have victim hold his hand in his armpit, next to his body.

Bring victim inside as soon as possible.

Place frostbitten part in lukewarm water.

Gently wrap the part in blankets if lukewarm water is not available or is impractical to use.

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* 5 grams salt to 1 liter of water.

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do:

- Let circulation reestablish itself naturally.
- When the part is warmed, encourage the victim to exercise fingers and toes.
- Give victim a warm, nonalcoholic drink.

don't:

- Do not rub with snow or ice. Rubbing frostbitten tissue increases the risk of gangrene.
- Do not use hot water, hot water bottles, or heat lamps over the frostbitten area.

REACTION TO INSECT BITES AND STINGS

Persons who have experienced severe and/or generalized allergic reactions from previous insect stings should receive desensitization treatment from a physician. An insect sting can endanger the life of a sensitized person.

What To Do for a Sensitized Person:

do:

- Apply a constricting bandage to the arm or leg above the sting. Use a strong, wide piece of cloth. Wrap the cloth around the limb just above the sting. Tie a half-knot; place a short stick on the half-knot; tie a full knot over the stick; twist the stick. A pulse should be present below the bandage, and the bandage should not produce a throbbing sensation. Loosen the bandage for a few seconds every 15 minutes. (See illustration on page 20.)
- Apply ice pack or cold cloths to area.
- Remove stinger with tweezers.
- Seek medical attention as soon as possible.

GENERALIZED REACTION FROM FOOD ALLERGY

Symptoms:

- Difficulty in breathing.
- Possible hives and skin swelling.

do:

Call a physician.

Keep victim quiet in whatever position is more comfortable for him.

POISON IVY (and other plant poisoning)

Warning Conditions:

- Known contact with poison ivy, oak, or sumac.
- Itching, redness, or blisters on skin after suspected contact.

do:

Cut clothing from exposed area so that contaminated clothing is not dragged across unexposed areas of the body.

Wash exposed area thoroughly with mild soap and water. Repeat lathering and rinsing several times.

Sponge rubbing alcohol gently over area.

If blisters occur on skin, see a physician.

Mental Disturbances

do:

Call a physician or relative of the disturbed person immediately. If the person is in danger of harming himself or others and a physician or relative is not available, call a policeman.

Treat the person with respect, however he reacts to you.

Divert the person's attention away from anything that might be harmful to him or others (e.g., try to shift his thinking from destructive to protective acts, from antagonism to cooperation).

Be patient, kind, and reassuring.

Be firm in your attitude toward the person.

Restrain physically only if the person seems likely to injure himself or others.

don't:

Do not argue with the disturbed person.

Do not assume a harsh, authoritative role with the person.

Do not physically hold unless the person seems likely to injure himself or others.

Emergency Childbirth

Childbirth is natural and normal. There are only a few things to remember if you are in the emergency situation of helping a mother deliver her baby.

do:

Let nature take its course. Be patient. Wait for baby to be delivered.

Wash hands. Keep hands and surroundings as clean as possible.

During birth process, only support emerging baby.

When baby has been delivered, place baby on mother's abdomen or in the space between the thighs, his head slightly lowered. Cover baby to keep him warm.

If baby is not breathing, use mouth-to-mouth breathing. Be gentle.

Keep baby on mother's abdomen until afterbirth has been expelled.

Gently massage mother's abdomen to help uterus contract.

Boil scissors or clean with alcohol.

Tie a clean tape or cloth in a square knot around the umbilical cord about 4 inches from the baby to stop circulation in the cord. Tie a second tape around the cord 6 to 8 inches from the baby (2 to 4 inches between the knots).*

* Metric conversion: Tie a clean tape or cloth in a square knot around the umbilical cord about 10 cm. from the baby to stop circulation in the cord. Tie a second tape around the cord 15 to 20 cm. from the baby (5 to 10 cm. between the knots).

CONTINUED NEXT PAGE

do:

- Cut cord between the 2 tapes with clean scissors.
- Keep baby and mother warm.
- Keep people away from baby and mother.
- Handle baby gently and as little as possible.
- Notify the mother's physician.
- Keep hands and tools out of the birth canal.

don't:

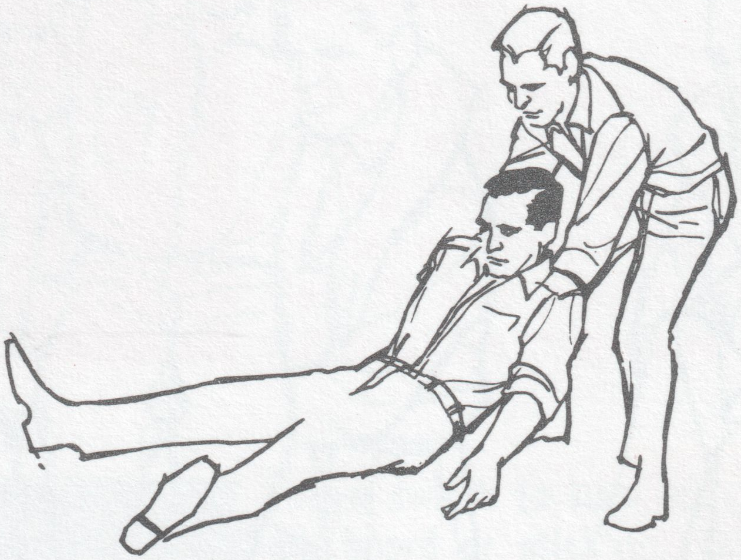
- Do not hurry birth.
- Do not interfere with birth.
- Do not hurry to cut cord. Wait until afterbirth has been expelled.
- Do not wash white material off baby. It protects skin.
- Do nothing to eyes, ears, nose, or mouth.

Moving the Injured

Do not move an injured person before a physician or experienced ambulance crew arives, unless there is real danger of his receiving further injury by being left at accident site. If possible, control bleeding, maintain breathing, and splint all suspected fracture sites before moving. If this is not possible, follow these general rules:

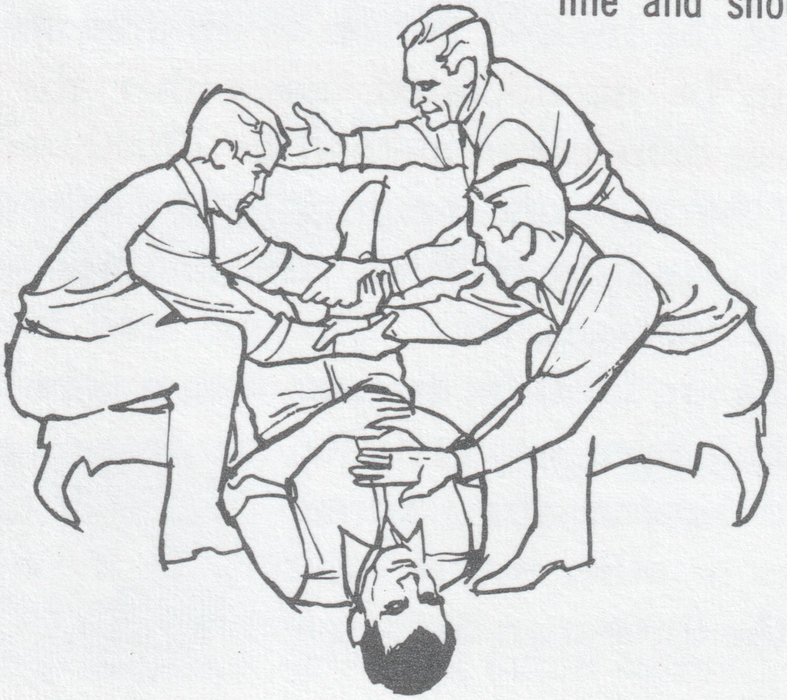
PULLING THE VICTIM TO SAFETY:

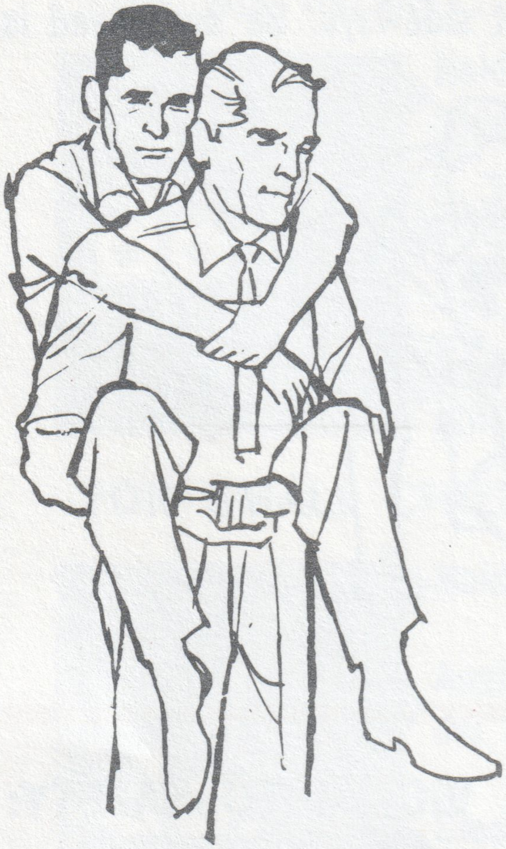
Pull victim head first or feet first, not sideways. Be sure head is protected.

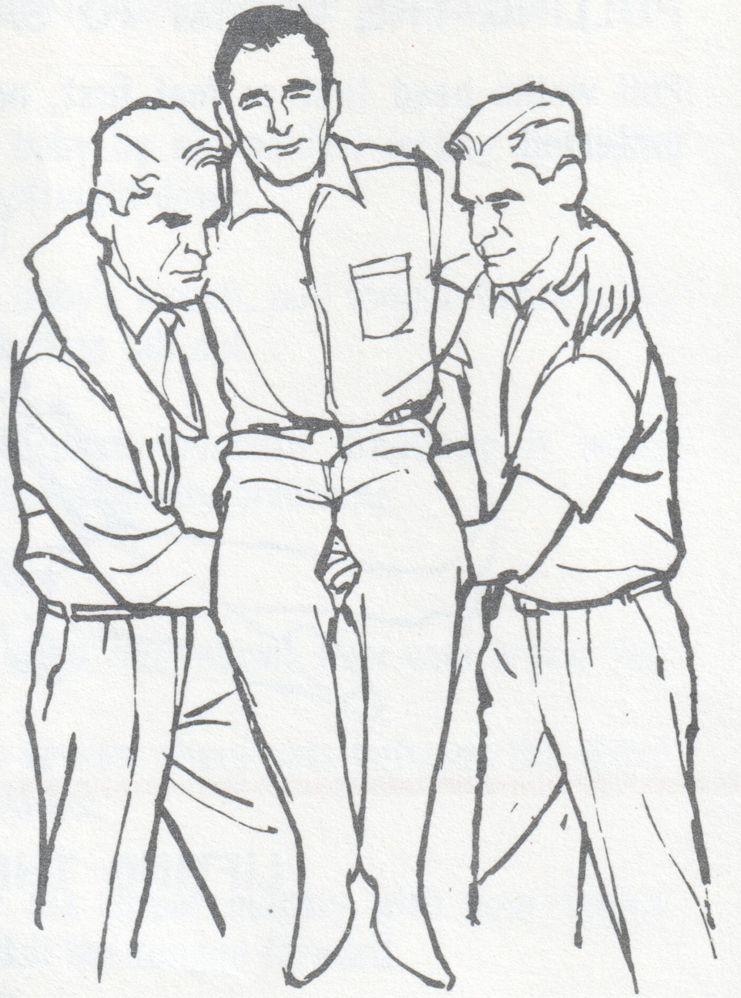


LIFTING THE VICTIM TO SAFETY:

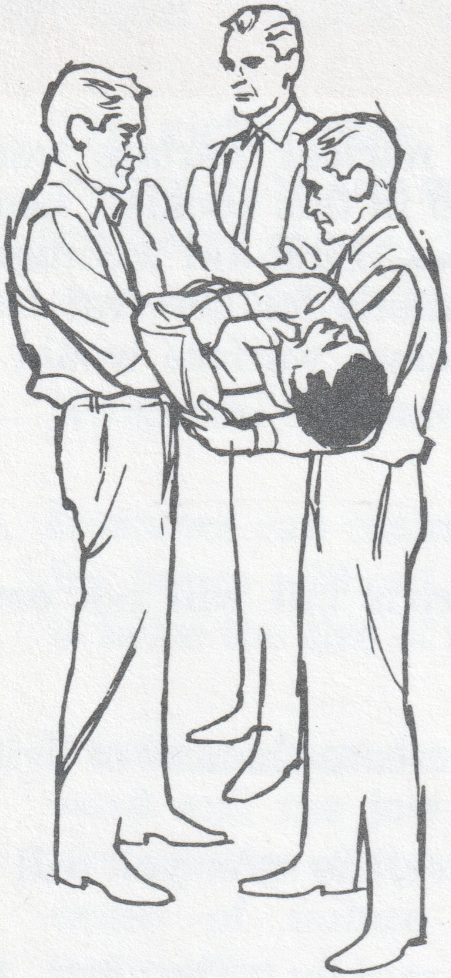
If he must be lifted before a check for injuries can be made, every part of the body should be supported. The body should be kept in a straight line and should not be bent.

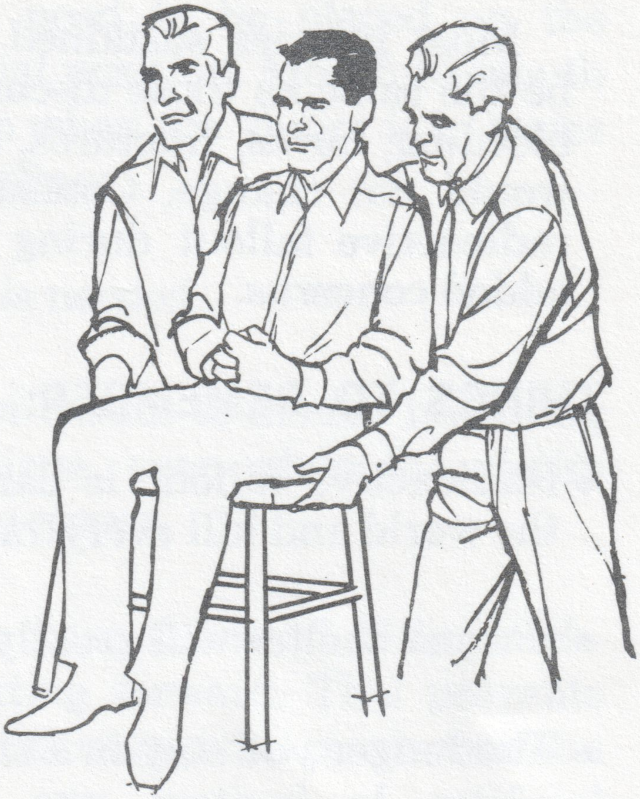




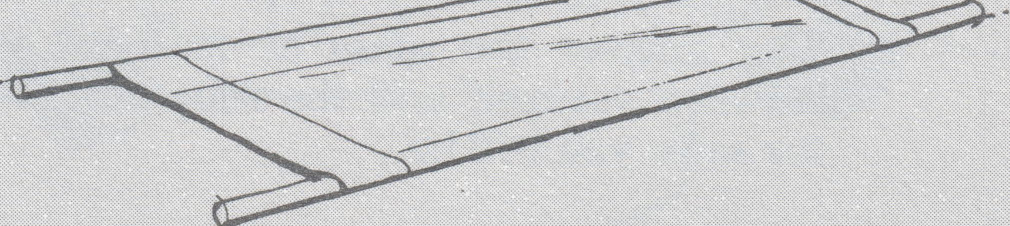


In carrying the injured person to an area where a stretcher can be manipulated, use either the one-, two-, or three-man carry method as illustrated, depending on the type and severity of the injury, the available help, and the physical surroundings (stairs, walls, narrow passages, etc.). The one- and two-man carry systems are ideal for transporting a person who is unconscious from asphyxiation or drowning, but are unsuited for carrying a person suspected of having fractures or other severe injuries. In these cases always use the three-man carry method.





An effective stretcher can be made by buttoning two shirts or a coat over two sturdy branches, or by wrapping a blanket in thirds about the branches or poles. If the victim must be moved, a stretcher is the best means for transportation.



Radiation

Most injuries sustained in nuclear warfare would be the same as those discussed in this booklet: heavy bleeding, burns, fractures, shock. First aid techniques would not change. Considerations for survival from radioactive fallout during nuclear warfare would be added concerns.

THINGS TO REMEMBER:

- Radioactive fallout is dangerous but will not cover the world and kill everything.
- Proper shelter will greatly increase chances of living.
- The longer you stay in a shelter, the safer you will be.
- Radioactive fallout decays rapidly. The first few hours are the most dangerous.
- People and objects do not become radioactive. Radioactive dust can be washed off like dust or dirt.
- Protection in a shelter is determined by time, distance, and shielding.
  - **a.** The longer you stay protected, the safer you will be.
  - **b.** The center of a large building is safer than an outside room.
  - **c.** The greater the mass of material you put between yourself and the source of radiation, the safer you will be.

do:

In contaminated areas stay in a shelter for at least 12 hours (or until the area is declared safe).

Tune in CONELRAD 640 or 1240 on your AM radio dial for correct information on the amount of radioactive fallout.

Wash off areas of the body that have been exposed to radioactive dust with soap and water.

Do not try to diagnose possible illness. If ill with nausea, headache, or vomiting, treat the symptoms. Remember that you may be nervous and upset.

Purify water when in doubt. Add one drop of household bleach to each quart of clear water, or add 3 drops to each quart* of cloudy water. Let water stand 30 minutes before using.

Use food that has been protected from fallout and disease.

Wash thoroughly, peel carefully, or remove container before eating food that may have come in contact with fallout.

Cook food thoroughly to kill germs.

don't:

Do not drink water from an unprotected source.

Do not throw away good food, but do not eat rotten food.

If food cannot be cleaned of all radioactivity, or if food may be contaminated by disease germs, do not eat it. It is better to go hungry than to eat contaminated food.

The most important thing to do is to learn survival techniques *now*. Contact your local civil defense authorities for more specific information.

---

* liter

Emergency First Aid Supplies

The items listed below can be wrapped in a moisture-proof covering and placed in an easily carried box. Quantities specified are for a family of four or less. The supplies can be kept on hand at home or carried on family outings.

Useful also for family trips would be several jars of water and a stack of clean newspapers. In any emergency situation, clean newspapers are one of the best ground and surface covers. Spread newspapers under and around the victim to prevent contamination.

FIRST AID ITEM	QUANTITY	USE
1. Sterile first aid dressing in sealed envelope 2 in. x 2 in. (5 cm. x 5 cm.) for small wounds	Box of 12	For open wounds or dry dressings for burns. These are packaged sterile. Do not try to make your own.
2. Sterile first aid dressing in sealed envelope 4 in. x 4 in. (10cm. x 10 cm.) for larger wounds and for compress to stop bleeding	Box of 12	
3. Roller bandage 1 in. x 5 yds. (2.5 cm. x 5 m.)	2	Finger bandage

FIRST AID ITEM	QUANTITY	USE
4. Roller bandage 2 in. x 5 yds. (5 cm. x 5 m.)	2	To hold dressings in place
5. Adhesive tape	1 roll	To hold dressings in place
6. Large bath towels	2	For bandages or dressings. Old soft towels and sheets are best. Cut in sizes necessary to cover wounds. Towels are burn dressings. Place over burns and fasten with triangular bandage or strips of sheet. Towels and sheets should be laundered, ironed, and packaged in heavy paper. Relaunder every 3 months.
7. Small bath towels	2	
8. Bed sheets	1	
9. Triangular bandage 37 in. x 37 in. (94 cm. x 94 cm.) square, cut, or folded diagonally, with 2 safety pins	4	For a sling; as a covering; for a dressing
10. Mild soap	1 bar	For cleansing of wounds, scratches, cuts. Antiseptics are not necessary.

CONTINUED NEXT PAGE

FIRST AID ITEM	QUANTITY	USE
11. Table salt	small package	For shock — dissolve 1 teaspoon salt, ½ teaspoon baking soda in 1 quart water (5 gm. salt, 2 gm. baking soda, 1 liter water)
12. Baking soda	small package	
13. Paper drinking cups	25	
14. Flashlight	1	
15. Safety pins, 1½ in. (4 cm.) long	15	
16. Scissors with blunt tips	1 pair	For cutting bandages or clothing
17. Tweezers	1	To remove stingers from insect bites
18. Eye dropper	1	For rinsing eyes
19. Splints ¼ in. thick, 3½ in. wide, 12 to 15 in. long (6 mm. x 9 cm. x 30 to 38 cm.)	12	For splinting broken arms and legs
20. Tongue blades, wooden	12	For splinting broken fingers and for stirring solutions

FIRST AID ITEM	QUANTITY	USE
21. Measuring spoons	1 set	
22. Tourniquet. Wide strip of cloth, 20 in. (50 cm.) long	1	For use in severe injuries when no other method will control bleeding
23. Short stick	1	To use with tourniquet
24. Essential personal prescriptions		

History of Injury or Illness

When other first aid measures have been taken and as time allows, the first aider should note the following information:

- Identity of the victim.
- Those persons the victim would like notified (including clergy).
- Circumstances of the injury or illness.
- Any special first aid measures taken (mouth-to-mouth breathing, administration of fluids, application of tourniquet, etc.).
- Any disease or disability existing prior to the injury or illness (diabetes, heart trouble, allergies, etc.).

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